

Instructions for the RID Submitter: Fill out blocks 2 through 11 only. Return the completed RID form(s) via email prior to the RID due date established for the document review.

1. RID No.	Project XYZ REVIEW ITEM DISPOSITION/ (RID)		
2.DATE OF REVIEW	3. INITIATOR / ORG.	4. MAIL CODE / PHONE / EXT.	
5. RID TITLE:			
6. DOCUMENT TITLE / NUMBER:	7. PAGE NUMBER(s):	8. REQUIREMENT NUMBER(s) <i>(if applicable)</i> :	
9. DESCRIPTION OF PROBLEM:			
10. RECOMMENDATION:			
11. JUSTIFICATION / IMPACT IF RECOMMENDATION NOT IMPLEMENTED:			
12. EVALUATOR RESPONSE:			
13. REVIEW DISPOSITION REJECTED <input type="checkbox"/> ACCEPTED AS WRITTEN <input type="checkbox"/> ACCEPTED WITH MODIFICATION (DESCRIBE IN BLOCK 14) <input type="checkbox"/>			
14. DESCRIPTION (REFER TO BLOCK 13)			